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ABSTRACT

Thirty-three college students with learning disabilities responded to a request to identify their learning disability. The responses were then coded and a summary of the professional diagnoses of the learning disabilities was added to the students' self-descriptions. Five authorities in the field of learning disabilities were asked to use a five-point rating scale to determine how well the descriptions agreed. Only one-third of the college students were able to describe their own learning disability so that it agreed with the summary of the professional diagnosis. Recentness of diagnosis, age, and IQ were found to be unrelated to the agreement. Only grade point average was positively associated with the ability for self-description. The study indicates that high school individualized education program (IEP) information was the most difficult for students to repeat, compared to university, community college, or private practice psychologists' diagnoses. Less than half of the professional diagnoses included both processing and achievement information in summary statements; however, this is the information that the students commonly use when articulating the nature of their disability. (CR)

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THE ABILITY OF COLLEGE STUDENTS TO EFFECTIVELY COMMUNICATE THE SPECIFIC NATURE OF THEIR OWN LEARNING DISABILITY

School age students with learning disabilities have traditionally relied on parents and teachers to champion for them but, as they move to the post secondary level , the emphasis shifts to self-advocacy. Transition planning for students leaving high school should include both understanding and communicating their own learning disability (Ryan 1996). However, some high school students are just beginning to become familiar with the terms used in their reports (Durlak, Rose & Bursuck 1994). Few students with learning disabilities have the opportunity to engage in training programs to aid in understanding their own strengths and weaknesses such as that proposed by Durlack, Rose & Bursuck (1994) for high school students and that of Roffman, Herzog & Wershba-Gershon (1994) for college students.

Even though college students need to describe their learning disability in plain language, diagnostic reports often contain technical or vague terminology (Brinckerhoff 1993). In order for self-advocacy to be successful, college students must understand the nature of their disability so they can articulate their needs for accommodations (McGuire, Madaus, Litt, & Ramirez 1996). Looking ahead, if youth with learning disabilities are to take advantage of the Americans With Disabilities Act, they must be responsible for appropriately disclosing their needs to employers (Satcher 1994).

Procedure

Students, identified as learning disabled, consulting college Learning Disabilities Specialists at a large western state university on two consecutive school days were asked to write a response to the question, "What Is Your Learning Disability?". Thirty-three students responded. After each student's name was replaced with a code number, the

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summary of the professional diagnosis of learning disability was added to their self description.. A Five Point Rating Scale was developed to rate the agreement of the student's description with that of the professional. Five authorities in the field of learning disabilities were asked to use the rating scale to determine how well the descriptions agreed.

RATING SCALE

COMPARISON OF STUDENT'S AND PROFESSIONAL'S WRITTEN DESCRIPTION OF STUDENT'S LEARNING DISABILITY

5 point rating scale with 5 being perfect agreement

5 points: perfect agreement

Example: Professional: Visual Perception deficit impacting reading decoding
Student: Visual Perception and reading

4 points: agreement in content but not vocabulary

Example: Professional: Visual Perception deficit impacting reading decoding
Student: I have trouble seeing things straight so it's hard to read

3 points: partial or incomplete agreement

Example: Professional: Visual Perception deficit impacting reading decoding
Student: Reading problems

2 points: vague agreement

Example: Professional: Visual Perception deficit impacting reading decoding
Student: Dyslexia

1 point: no agreement

Example: Professional: Visual Perception deficit impacting reading decoding
Student: I can't write good

The five authorities' scores were averaged for each student and the ten students whose descriptions most closely resembled that of their professional diagnosis (range 3.4 to 4.6) were designated as the "high agreement group". The ten students whose descriptions were furthest from their professional diagnosis (range 1 to 2.2) were designated as the "low agreement group". When the kappa statistic was calculated to correct for chance

interrater agreements, the average kappa of .30 was considered fair agreement; the range was from poor (.14) to good agreement (.55).

These two groups, high and low agreement, were then compared on the following variables: age, grade point average, months since evaluation, Wechsler Adult Intelligence Scale-Revised IQ (Verbal , Performance, Full Scale), Cohen Factors (Verbal Comprehension, Perceptual Organization, Freedom From Distractibility). Additionally, the distribution of the ratings, place of diagnosis (university, community college, private psychologist, high school IEP), and the terminology used in the written description of learning disability was examined.

Results

When the scores of the five raters were averaged for all students involved in the study, the agreement between students and professionals' descriptions presented as follows:

perfect agreement	9 %
agreement in content but not vocabulary	24 %
partial or incomplete agreement	46 %
vague agreement	18 %
no agreement	3 %

It should be noted that rating scales can elicit an error of central tendency: the general tendency to avoid all extreme judgments and rate right down the middle of a scale (Kerlinger 1986). However, it was clear that the majority of respondents could not fully describe their learning disability as did the professionals.

When the ten students who most perfectly agreed with the professional diagnosis (high agreement group) were compared to the ten students who were furthest in agreement (low agreement group) using t-tests, only the variable of grade point average was significantly related to the rankings ($p = .025$). The other variables of age, months since evaluation, Wechlser Adult Intelligence Scale-Revised (WAIS-R) Verbal IQ, Performance IQ, Full Scale IQ, Cohen Factor Verbal Comprehension, Perceptual Organization and Freedom From Distractibility were not significantly associated with the agreement ratings.

In an attempt to determine if the venue of diagnosis influenced the student's ability to correctly verbalize the nature of their learning disability, the following data was examined:

Place of Diagnosis

	University	Community College	Psychologist in Private Practice	High School IEP
High Group	5	1	3	1
Low Group	3	1	2	4

Although the numbers are too small to be meaningful, it appeared that High School IEP as a basis for verification of learning disability presented the most difficulty for students when attempting to repeat and/or interpret the specifics of diagnosis.

The terminology used by all the students involved in the study to describe their learning disability was also examined. When analyzed separately, both the students and the professionals agreed in use of vocabulary: processing vocabulary (example: perception, memory), achievement vocabulary (example: reading, writing) or both to describe the specific learning disability. Out of 33 sets of responses, 15 used only processing vocabulary, 2 used only achievement vocabulary, and 16 used both processing and achievement to describe the learning disability

Discussion

Only one-third of the college students in this study were able to describe their own learning disability so that it would agree with the summary of their professional diagnosis. Recency of diagnosis, age, and IQ were found to be unrelated to the agreement. Only grade point average was positively associated with this ability. It would appear that students who learn the material for their classes, also learn the summary of their diagnosis.

Indications were that high school IEP information as compared to university, community college or private practice psychologists' diagnosis was the most difficult for the students to repeat. The IEP typically puts more emphasis on achievement levels but acceptable documentation of a specific learning disability should include both processing and achievement assessment information (Association of Higher Education and Disability 1996). It was found in this study that less than half of the professional diagnosis included both processing and achievement in summary statements; this is the information that students commonly use when articulating the nature of their disability.

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